



DEQ-114
03/01

RELEASE & POLLUTION PREVENTION REPORT FOR 2000

NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF CHEMICAL RELEASE INFORMATION & PREVENTION
P.O. BOX 405, TRENTON, NJ 08625-0405

Return signed
original to
this address

Please type this form

MAILING ADDRESS INFORMATION

Make changes to mailing address above.

FACILITY LOCATION INFORMATION

Make changes to facility location above.

IMPORTANT: • Read instructions before completing this report. Please type (or print) all responses and transmit the completed report to the Department and a copy to the County Lead Agency of the county in which the facility is located by July 1, 2001.

• Complete one Section B form for each reportable substance (listed in Appendices B and C) that were manufactured, processed, or otherwise used in excess of 10,000 pounds or the lower PBT threshold in 2000. See instructions for guidance in completing Sections C and D or alternately the P2-115.

SECTION A. GENERAL FACILITY INFORMATION (This section needs to be complete only ONCE!)

1.1 Person to contact regarding this report
Name (printed) _____

1.2 Title _____

1.3 Phone number (include area code) (____) _____

1.4 Fax # (____) _____

1.5 Contact's address (if different than facility) _____

2. Briefly describe the nature of business conducted at this facility _____

3. Centroid coordinates of facility location in New Jersey State Plane Feet (NAD 83):

3.1 X _____ 3.2 Y _____

4. Federal Employer ID Number: _____

5. TRI Facility ID Number: _____

6. EPA (RCRA) Hazardous Waste ID Number: _____

7. NJ Air Pollution Control Facility ID Number: _____

8. NJPDES ID Number (surface water): _____

9. NJPDES ID Number (ground water): _____

10. If this facility has an approved NJ RTK Research & Development Laboratory exemption pursuant to N.J.A.C. 7:1G, enter the exemption approval number here: _____

11. Is this facility subject to filing any EPA Toxic Release Inventory Forms (Form R) for calendar year 2000? ☐ Yes ☐ No

11.1 Number of Forms R subject to reporting for 2000: _____ 11.2 Number of Forms A subject to reporting for 2000: _____

12. Reserved (see instructions)

13. WASTEWATER DISCHARGES

13.1 If there is a discharge of a reported substance to a publicly owned treatment works (POTW), complete the following:

- Name of utility (POTW) _____
- Address (physical location) _____
- Estimated average volume of wastewater discharged to POTW daily (gallons per day) _____
- Briefly describe any pretreatment methods employed _____

13.2 If there is a discharge of a reported substance to a surface water, a navigable waterway, or to a tributary system, complete the following:

- Name of receiving stream _____
- Estimated average volume of wastewater discharged to receiving stream (gallons per day) _____
- Briefly describe any pretreatment methods employed _____

13.3 If there is a discharge of a reported substance to groundwater, complete the following:

- Estimated average volume of wastewater discharged to groundwater (gallons per day) _____
- Briefly describe any pretreatment methods employed _____

14. TRADE SECRET CLAIMS

14.1 Does this report contain any trade secret (confidential business information) claims for Section B data?

☐ Yes ☒ No

14.2 Does this report contain any trade secret (confidential business information) claims for Section C or D data?

☐ Yes ☐ No

(You are required to provide full documentation on any trade secret (confidentiality) claim. Refer to page 8 of the instructions booklet, *Trade Secret Claim*.)

15. Waste Hauler Information - Provide the full names and locations (including street, city, state, and zip code) and the USEPA ID Number, or NJ Solid Waste Transporter Registration Number if applicable, of the hauler services that transported production-related wastes containing reported substances to off-site locations in 2000.

EPA ID# SOLID WASTE ID#	Name of Hauler	Address	City	State	Zip Code

16. CERTIFICATION OF EMPLOYER OR DULY AUTHORIZED REPRESENTATIVE - I certify under penalty of law that I have personally examined and am familiar with the information submitted in Sections A and B of this report and all attachments, and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete.

Signature _____ Date _____ Phone No. (____) _____

Name (print) _____ Title _____

NOTE: You are required pursuant to the authority of N.J.S.A. 34:5A-7(b) to forward a copy of this report to your RTK County Lead Agency. (See Instructions, Appendix D for appropriate addresses.)

RELEASE & POLLUTION PREVENTION REPORT FOR 2000**SECTION B. FACILITY-LEVEL SUBSTANCE-SPECIFIC INFORMATION**

Submit one complete Section B for each reportable substance (listed in Appendices B and C of the instructions) that was manufactured, processed, or otherwise used in excess of 10,000 pounds or the lower PBT Threshold in 2000.

		1.1 CAS No. (Category No.)	
		1.2 RTK Substance No.	
1.3 Substance Name (or Category Name)			
1.4 Does this section contain any trade secret (confidential business information) claims for data in questions #5 through #10 (excluding #5.1 and #10.1)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
2. ACTIVITIES AND USES OF THE SUBSTANCE AT THE FACILITY (Check all that apply.)			
2.1	Manufacture the Substance:	a. <input type="checkbox"/> Produce b. <input type="checkbox"/> Import	If "a. produce" or "b. import" then: c. <input type="checkbox"/> For on-site use/ processing e. <input type="checkbox"/> As a byproduct d. <input type="checkbox"/> For sale/distribution f. <input type="checkbox"/> As an impurity
2.2	Process the Substance:	a. <input type="checkbox"/> As a reactant d. <input type="checkbox"/> Repackaging	b. <input type="checkbox"/> As a formulation component e. <input type="checkbox"/> As an impurity c. <input type="checkbox"/> As an article component
2.3	Otherwise use the Substance:	a. <input type="checkbox"/> As a chemical processing aid	b. <input type="checkbox"/> As a manufacturing aid c. <input type="checkbox"/> Ancillary or other use
3.1	Principal Method of Storage:		
3.2	Frequency of Transfer from Storage: _____ times per _____		
3.3	Methods of Transfer:		

INVENTORY AND THROUGHPUT INFORMATION

INVENTORY		N/A	Quantity (in pounds*)	Basis of Estimate (circle one)
4.	Maximum Daily Inventory of the Substance			M C E O
INPUTS			Quantity	Basis of Estimate
5.	Starting Inventory of the Substance			M C E O
5.1	Quantity of Starting Inventory that is Nonproduct Output (NPO)			M C E O
6.	Quantity Produced on Site			M C E O
7.	Quantity Brought on Site			M C E O
7.1	Quantity of #7 (above) that is Brought on Site as Recycled Substance			M C E O
OUTPUTS			Quantity (in pounds*)	Basis of Estimate (circle one)
8.	Quantity Consumed on Site (chemically reacted in process)			M C E O
9.	Quantity Shipped off Site as (or in) Product			M C E O
10.	Ending Inventory			M C E O
10.1	Quantity of Ending Inventory that is Nonproduct Output (NPO)			M C E O
11.	Total Nonproduct Output			
ON-SITE MANAGEMENT OF NONPRODUCT OUTPUT			Quantity (pounds*)	Basis of Estimate (circle one)
12.	Quantity Recycled Out-of-Process on Site and Used on Site			M C E O
13.	Quantity Destroyed through On-Site Treatment			M C E O
14.	Quantity Destroyed through On-Site Energy Recovery			M C E O

* If this Section B is for "Dioxin and Dioxin-like Compounds," the unit of measurement is "grams/year" and not "pounds/year."

FAC_ID: _____

Page ____ of ____

Substance or Category Name: _____

RELEASE INFORMATION (Substance Specific)		N/A	Quantity (in pounds*)	Basis of Estimate (circle one)
15.	Total Stack or Point Source Air Emissions			M C E O
16.	Total Fugitive of Non-Point Source Air Emissions			M C E O
17.	Total Discharge to Publicly Owned Treatment Works (POTW)			M C E O
18.	Total Discharge to Surface Waters			M C E O
19.	Total Discharge to Groundwater			M C E O

20. On-Site Land Disposal: <input type="checkbox"/> N/A				
Storage Method	Total Quantity of NPO Disposed that contained the Substance (in pounds)	Quantity of Reported Substance within Disposed NPO (in pounds*)	Basis of Estimate (circle one)	Management Method
1. SM _____	_____	_____	M C E O	D _____
2. SM _____	_____	_____	M C E O	D _____
3. SM _____	_____	_____	M C E O	D _____

21. Transfers to Other Off-Site Locations: <input type="checkbox"/> N/A					
Receiving Facility Information ID#, Name & Address (street, city, state, zip)	Storage Method	Total Quantity of NPO Transferred that contained the Substance (in pounds)	Quantity of Substance within Transferred NPO (in pounds*)	Basis of Estimate (circle one)	Management Method
1. ID# _____ _____ _____	1. SM _____ 2. SM _____ 3. SM _____	_____	_____	M C E O M C E O M C E O	D _____ D _____ D _____
2. ID# _____ _____ _____	1. SM _____ 2. SM _____ 3. SM _____	_____	_____	M C E O M C E O M C E O	D _____ D _____ D _____
3. ID# _____ _____ _____	1. SM _____ 2. SM _____ 3. SM _____	_____	_____	M C E O M C E O M C E O	D _____ D _____ D _____
4. ID# _____ _____ _____	1. SM _____ 2. SM _____ 3. SM _____	_____	_____	M C E O M C E O M C E O	D _____ D _____ D _____
5. ID# _____ _____ _____	1. SM _____ 2. SM _____ 3. SM _____	_____	_____	M C E O M C E O M C E O	D _____ D _____ D _____
6. ID# _____ _____ _____	1. SM _____ 2. SM _____ 3. SM _____	_____	_____	M C E O M C E O M C E O	D _____ D _____ D _____

22.	Quantity released to the environment as a result of remedial actions, catastrophic events, or one-time events not associated with production processes (pounds*/year)	
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☐ Check if additional pages containing information for questions 20 or 21 are attached.

* If this Section B is for "Dioxin and Dioxin-like Compounds," the unit of measurement is "grams/years" and not "pounds/year."

Substance or Category Name: _____

		Quantity	Units	Product Description
23.	2000 Quantity and Units of Production* Associated with the Reported Substance (list up to 4 on this page – see note below)	1.		
		2.		
		3.		
		4.		

***PRODUCTION:** Whenever possible, "UNITS" should be mass or surface area units only, such as pounds of material manufactured or square footage of product involved.

☐ Check if additional pages containing information for question 23 is attached (list up to six additional units of production).

24. Has any reduction or elimination of either the use of the reported substance or the generation of the reported substance as nonproduct output (NPO) occurred during 2000 due to discontinuance of operations?

☐ Yes ☐ No If "Yes," fill in below:

	Quantity of Substance Reduced (in pounds*) (1999 to 2000)	Basis of Estimate
Quantity of substance reduced (1999 to 2000) due to the discontinuance of operations, Including operations transferred to or undertaken by another facility		M C E O

POLLUTION PREVENTION ACTIVITIES

For the purposes of this question and Sections C and D of this Report, pollution prevention means: the reduction or elimination of either the use of the reported substance or the generation of the reported substance as nonproduct output, prior to treatment, storage, out-of-process recycling, or disposal. Pollution prevention is not any type of treatment, out-of-process recycling, incineration, or the transfer of releases to different media.

25. Has any material-related change (change in the amount of the reported substance used due to substitution of a non-listed substance) been employed to reduce the quantity of this reported substance during 2000 relative to 1999 levels?

☐ Yes ☒ No If "Yes," fill in the table below:

POLLUTION PREVENTION METHODOLOGY	Quantity of Substance Reduced (in pounds*) (1999 to 2000)	Basis of Estimate
Material-Related Change (change in the amount of the substance used due to substitution of other non-listed substance)		M C E O
CAS Number, Substance Name and Quantity of Substitute Substance		
<u>CAS NUMBER</u>	<u>SUBSTANCE NAME</u>	<u>QUANTITY (pounds)</u>
a) _____	_____	_____
b) _____	_____	_____
c) _____	_____	_____

* If this Section B is for "Dioxin and Dioxin-like Compounds," the unit of measurement is "grams/year" and not "pounds/year."

RELEASE & POLLUTION PREVENTION REPORT FOR 2000

SECTION C. FACILITY-LEVEL SUBSTANCE-SPECIFIC POLLUTION PREVENTION PROGRESS

Submit one complete Section C for each reportable substance (listed in Appendices B and C of the instructions) manufactured, processed or otherwise used in excess of 10,000 pounds or the lower PBT threshold in 2000.

FACILITY LOCATION INFORMATION	1.1 CAS No. (Category No.)
	1.2 Substance Name (Category Name)

2. Production Ratio or Activity Index (based on the USE per number of units of product)	_____
3. Percent Change (based on the USE or NPO per number of units of product)	_____

Use	NPO
_____ %	_____ %

4. Note the identification numbers of any production processes that your facility discontinued or sent off site in 2000. These numbers should match those identified in your Pollution Prevention Plan and Section C of your Pollution Prevention Plan Summary. If any of the listed processes involved more than one reportable substance, identify the process ID only once on a single Section C. If no production processes were discontinued or sent off site in 2000, leave this blank.

5. CERTIFICATION OF OWNER OR OPERATOR (Signature required on one Section C submission only):
I certify under penalty of law that the information submitted in Sections C and D of this report is true, accurate and complete to the best of my knowledge.

Signature _____ Date _____ Phone No. (_____) _____

Name (print) _____ Title _____

[illegible]

POLLUTION PREVENTION PROCESS LEVEL DATA WORKSHEET (P2-115)

NOTE: THIS WORKSHEET IS REQUIRED AS PART OF THE POLLUTION PREVENTION PLAN , AND IS OPTIONAL AS A SUBMITTAL IN LIEU OF SECTIONS C AND D OF THE RELEASE AND POLLUTION PREVENTION REPORT. ALL OPTIONAL SUBMITTALS ARE NOT CONFIDENTIAL .

Base Year _____

Please type this form

MAILING ADDRESS INFORMATION

FACILITY LOCATION INFORMATION

PROCESS LEVEL INFORMATION: (Use one sheet for each hazardous substance at each process.)

Process ID: Up to twelve characters or digits may be used. _____

HAZARDOUS SUBSTANCE: _____ **CAS No.** _____

Units of Production (e.g. type of widget, lbs. of chemical, ft² of product) _____

Is process targeted? (Y/N) _____ **Is this a grouped process?** (Y/N) _____

	Base Year	Year 1	Year 2	Year 3	Year 4	Year 5
Production quantity						
USE (pounds)						
Consumed						
Shipped off-site as (or in) product						
NPO (pounds)						
Recycled out of process						
Destroyed: On-site treatment						
Destroyed: On-site energy recovery						
Stack air emissions						
Fugitive air emissions						
Discharge to POTWs						
Discharge to groundwater						
Discharge to surface waters						
On site land disposal						
Transferred off site						
End. Inv. as NPO – Beg. Inv. as NPO						
P2 techniques used in given year (see code in Appendix F)						
Was this process discontinued or sent off site in given year? (Y/N)						
Did facility make process change(s) that triggered Plan modification? (Y/N)						
Was facility's P2 progress (targeted process only) less than anticipated? (Y/N) (Attach explanation.)						

CERTIFICATION OF OWNER OR OPERATOR (Signature required on only one P2-115) - I certify under penalty of law that the information submitted on this worksheet is true, accurate and complete to the best of my knowledge.

Signature: _____ **Date:** _____ **Phone No:** (_____) _____

Name (print) _____ **Title:** _____